

RIDESHARING/COMMUTER ASSISTANCE PROGRAM
FY2017
GRANT APPLICATION

Application Summary

This application is used to fund the Ridesharing/Commuter Assistance programs in the Baltimore and Washington regions. It covers the general instructions and requirements needed to complete the FY2017 application. The eligible recipients are:

Baltimore Region

Anne Arundel County
Baltimore City
Baltimore County
Carroll County
Harford County
Howard County

Washington Region

Calvert County
Frederick County
Montgomery County
Prince George's County
Tri-County Council

Time Frame

The funding granted as a result of this application will cover the period of July 1, 2016 to June 30, 2017.

Funding

Grant funds are for the annual budget project cost. Please request funding for the amount needed to support the program. Appendix A lists the estimated funding amounts available for FY2017. Each program will be notified of exact funding levels upon approval of the application.

Public Hearing

Each jurisdiction that requests operating and capital assistance must hold a public hearing or have an opportunity for a public hearing. (Instructions attached) Proof of notification of public hearing is required.

Application Review

The Maryland Transit Administration (MTA) will review each application for compliance according to State requirements and completeness of the Project Narrative, Work Program, and Project Budget.

Questions or Comments

Direct any questions or comments to Ms. Jeannie Fazio at (410) 767-3781 or email at jfazio1@mta.maryland.gov.

Application Due Date

The Maryland Transit Administration must receive all grant applications by **March 28, 2016.**

Send the original copy to:

Ms. Jeannie Fazio
Maryland Transit Administration
Office of Local Transit Support
6 Saint Paul Street – 9th Floor
Baltimore, Maryland 21202-1614

CAUTION

If your application is submitted late, funding approval for your program **may not** be available on July 1, 2015.

GENERAL INSTRUCTIONS

Submit your application as outlined on the following pages.

INFORMATION TO BE INCLUDED IN THE APPLICATION

I. Project Narrative

Describe the entire program for which financial assistance is being requested. The information should be brief but in enough detail to provide a clear explanation of the program and why it is necessary to continue the program. At a minimum include the following:

- A. **Overview of Program** - Summarize the general structure and focus of the local efforts (mission) and services they provide, demographics of area, and target markets.

FY2016 Program – Briefly describe your projects, major successes and any obstacles encountered in the FY2016 program. Highlight any changes that will be made in the FY2017 program to overcome these obstacles.

FY2017 Goals – Outline your program goals and objectives for Fiscal Year 2017 with reasonable performance measures. (See Appendix B).

II. FY2017 Work Program

The work program describes how you will meet your FY2017 goals. The work program must describe, at a minimum, how the county will manage the core responsibilities. In addition, the work program can include Special Projects and Transportation Management Associations (TMA).

- A. **Core Responsibilities** – Each program must consist of the following core responsibilities. You may add other projects or efforts under Special Projects.

1. **Yearly Work Schedule** – Provide a **detailed** yearly work schedule with specific milestones for achievement (i.e., new applicants, re-applicants, transit referrals, vanpools formed and employers visited). These are a means of accomplishing the goals and objectives.

2. **Marketing/Promotional Efforts** – Attach a copy of an annual or multi-year marketing plan.

- A. **Rideshare/Commuter Connections** – Describe your outreach efforts in order to draw commuters to the

www.commuterconnections.org website and its various programs, specifically Ridesharing.

- B. **Employer Outreach** – Describe your employer outreach program. List employers you will contact and the approach you will use to identify and schedule employers. The number of employers you will contact each month must be included.
 - C. **Commuter Choice** - Describe your strategies for marketing Commuter Choice.
 - D. **Maryland Commuter Tax Credit** - Describe your strategies for marketing the Maryland Commuter Tax Credit.
 - E. **Guaranteed Ride Home**- Describe your strategies for marketing the Guaranteed Ride Home Program.
- 3. **Coordination** – Describe the coordination or working relationship of your rideshare program with other county departments/staff and with other transportation service providers in the county or region. Describe the efforts you will undertake to continue or expand your coordination with the other programs.
 - 4. **Program Administration and Analysis** – List administrative tasks required to continue the ridesharing program (e.g.: quarterly reports, prepare budgets, etc.).
- B. **Transportation Management Associations** – There is a separate work program and budget category for TMA's.

The MTA funding can be used to support that portion of a TMA's operation that promotes ridesharing and commuter assistance to their total geographic service area. The funding **should not** support services available only to members of the TMA. The work program for the state/county-supported portion of a TMA must provide for the core responsibilities listed above.

List those core responsibilities for which a TMA operating in your area can receive State funding.

III. Project Budget

Requests for operating assistance are to be presented using the appropriate Operating Budget Worksheets contained in this application package. (See Appendix C).

There are two (2) budget worksheets in this application:

Operating Budget Worksheet – if you are located in the Baltimore Region, add \$3,500 to the Council of Governments line item to cover expenses for FY2017.

Sub-grantees Operating Budget Worksheet – you only need to use the sub-grantee worksheet if you support another entity with your MTA allocation.

If you need to make any revisions to your budget, requests **must be submitted in writing** (include revised budget page) to the MTA for approval.

IV. Annual Certificate of Use

List all equipment, **past** and **present**, including computer hardware/software and furniture purchased with ridesharing funds. If no equipment or furniture was purchased with ridesharing funds, please indicate with a N/A and return with the application. (See Appendix D)

V. Program Assurance

A Program Assurance agreement must be submitted with your application that has been signed by the Chief Executive, County Commissioner, or an authorized official appointed by the Chief Executive or County Commissioner. (See Appendix E)

PROGRAM MANAGEMENT

I. Invoices and Quarterly Reports

All invoices and reports will be submitted quarterly. Invoices will be submitted **no later than 30 days** following the end of the period. All invoices **must** include:

- A. **Calls and Applications Received Report** – This report **must** be submitted with each request for payment. (Appendix I)

- B. **Ridesharing Program Yearly Work Schedule and Objectives** – This report **must** be submitted with each request for payment. (Appendix F)
- C. **Employer Contact Report** – Each time you contact or meet with an employer, a description of the visit and its outcome should be included in your monthly/quarterly report. (Appendix G)
- D. **Request For Payment** – Each time a request for payment is submitted, Appendix H must be completed. Along with Appendix H, Appendix C must be completed for the quarter. (Appendix C **must** match Appendix H)

II. **Quarterly Meetings**

- A. Attendance is **mandatory** at all MTA quarterly Rideshare/Commuter Assistance and Commuter Operations meetings and training sessions. If the Rideshare Coordinator is unable to attend, a designee **must** represent him/her.
- B. Dates for the FY2017 MTA quarterly meetings are listed below. All meetings are tentatively scheduled for the 2nd Thursday of the month.
 - Thursday, September 8, 2016
 - Thursday, December 8, 2016
 - Thursday, March 19, 2017
 - Thursday, June 8, 2017

All Commuter Operations meetings are also **mandatory** and are quarterly on the 3rd Tuesday of the month.

III. **Association for Commuter Transportation (ACT membership is required)**

ACT is North America's most respected association for professionals who specialize in commuter options and solutions, as well as organizations, businesses and individuals interested in creating a more workable transportation system.

Affiliation with a local chapter will provide access to a group of professionals like yourself with whom you can network and exchange information on regional issues and concerns.

Each program is **required** to become a member of ACT and to attend the annual conference. A **minimum of \$1,500** should be allocated for this expense. The ACT International Conference allows the opportunity to network and exchange information with the nation's leading transportation management specialist and government representatives with an interest in transportation issues, increasing mobility and improving air quality.

Appendix A
MARYLAND RIDESHARING PROGRAMS
FUNDING LEVELS FOR FY2017

Baltimore Region

Anne Arundel County	\$193,397.00
ARTMA	\$ 78,750.00
BWI	\$114,647.00
Baltimore City	\$ 80, 000.00
Baltimore/Carroll Counties	\$ 170,000.00
Harford County	\$ 88,066.00
Howard County	\$ 130,507.00

Washington Region

Calvert County	\$ 8,730.00
Frederick County	\$ 122,996.00
Montgomery County	\$ 372,070.00
Prince George's County	\$ 269,105.00
Tri-County Council	\$ 108,587.00

Appendix B

ANNUAL RIDESHARING PROGRAM GOALS AND OBJECTIVES

PROGRAM NAME: _____

	FY2016 Actual	FY2017 Projected	FY2018 Projected
A. Carpool/vanpool applicants	_____	_____	_____
B. Transit applicants	_____	_____	_____
C. Transit referrals	_____	_____	_____
D. Total applicants/referrals (A+B+C)	_____	_____	_____
E. Program cost	_____	_____	_____
F. Cost per applicant (E/D)	_____	_____	_____
G. Follow-up assistance	_____	_____	_____
H. Vanpools formed	_____	_____	_____
I. Total number of events, fairs, etc.	_____	_____	_____
J. Employer Outreach			
-Direct contacts	_____	_____	_____
-Indirect contacts	_____	_____	_____

Appendix C

OPERATING BUDGET WORKSHEET

Fiscal Year: _____

County: _____

Staff Expenses <u>Position</u>	Total Budget Amount	Core Program Amount	Special Project Amount	TMA Task Amount
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
Subtotal Salaries	\$ _____	\$ _____	\$ _____	\$ _____
Fringes/Benefits				
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
Subtotal Fringes/Benefits	\$ _____	\$ _____	\$ _____	\$ _____
Total Staff Expenses	\$ _____	\$ _____	\$ _____	\$ _____
<u>Operating Expenses</u>				
Telephone	\$ _____	\$ _____	\$ _____	\$ _____
Printing & Duplicating	\$ _____	\$ _____	\$ _____	\$ _____
Advertising	\$ _____	\$ _____	\$ _____	\$ _____
Computer Equipment	\$ _____	\$ _____	\$ _____	\$ _____
Postage	\$ _____	\$ _____	\$ _____	\$ _____
Materials/Supplies	\$ _____	\$ _____	\$ _____	\$ _____
COG Expenses	\$ _____	\$ _____	\$ _____	\$ _____
Travel – non metropolitan	\$ _____	\$ _____	\$ _____	\$ _____
Travel – metropolitan	\$ _____	\$ _____	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____	\$ _____	\$ _____
Total Operating Expenses	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL PROGRAM	\$ _____	\$ _____	\$ _____	\$ _____

OPERATING BUDGET WORKSHEET FOR SUB-GRANTEE

Fiscal Year: _____
County: _____

	Total Budget Amount	Core Program Amount	Special Project Amount	TMA Task Amount
Staff Expenses				
<u>Position</u>				
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
Subtotal Salaries	\$ _____	\$ _____	\$ _____	\$ _____
Fringes/Benefits				
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
Subtotal Fringes/Benefits	\$ _____	\$ _____	\$ _____	\$ _____
Total Staff Expenses	\$ _____	\$ _____	\$ _____	\$ _____
<u>Operating Expenses</u>				
Telephone	\$ _____	\$ _____	\$ _____	\$ _____
Printing & Duplicating	\$ _____	\$ _____	\$ _____	\$ _____
Advertising	\$ _____	\$ _____	\$ _____	\$ _____
Computer Equipment	\$ _____	\$ _____	\$ _____	\$ _____
Postage	\$ _____	\$ _____	\$ _____	\$ _____
Materials/Supplies	\$ _____	\$ _____	\$ _____	\$ _____
COG Expenses	\$ _____	\$ _____	\$ _____	\$ _____
Travel – non metropolitan	\$ _____	\$ _____	\$ _____	\$ _____
Travel – metropolitan	\$ _____	\$ _____	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____	\$ _____	\$ _____
Total Operating Expenses	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL PROGRAM	\$ _____	\$ _____	\$ _____	\$ _____

Appendix C-1 **OPERATING BUDGET WORKSHEET**

Fiscal Year: _____

County: _____

	Total Budget Amount	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
Staff Expenses					
<u>Position</u>					
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Subtotal Salaries	\$ _____	\$ _____	\$ _____	\$ _____	
Fringes/Benefits					
_____	\$ _____	\$ _____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	\$ _____	\$ _____	
Subtotal Fringes/Benefits	\$ _____	\$ _____	\$ _____	\$ _____	
Total Staff Expenses	\$ _____	\$ _____	\$ _____	\$ _____	
<u>Operating Expenses</u>					
Telephone	\$ _____	\$ _____	\$ _____	\$ _____	
Printing & Duplicating	\$ _____	\$ _____	\$ _____	\$ _____	
Advertising	\$ _____	\$ _____	\$ _____	\$ _____	
Computer Equipment	\$ _____	\$ _____	\$ _____	\$ _____	
Postage	\$ _____	\$ _____	\$ _____	\$ _____	
Materials/Supplies	\$ _____	\$ _____	\$ _____	\$ _____	
COG Expenses	\$ _____	\$ _____	\$ _____	\$ _____	
Travel – non metropolitan	\$ _____	\$ _____	\$ _____	\$ _____	
Travel – metropolitan	\$ _____	\$ _____	\$ _____	\$ _____	
Other (specify)	\$ _____	\$ _____	\$ _____	\$ _____	
Other (specify)	\$ _____	\$ _____	\$ _____	\$ _____	
Total Operating Expenses	\$ _____	\$ _____	\$ _____	\$ _____	
TOTAL PROGRAM	\$ _____	\$ _____	\$ _____	\$ _____	

Appendix D
ANNUAL CERTIFICATE OF USE

I certify that the following conditions are true and correct with regard to said equipment/office furniture, specified below (new or old), that was purchased on behalf of this organization, with Federal funds for ridesharing activities only. (List **ALL** equipment past and current)

	Equipment	Serial Number	Equipment Location (Address)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

1. The equipment acquired under the project continues to be used for the exclusive use of the Ridesharing program.
2. None of the equipment has been sold, damaged, or otherwise taken out of the program.

Signature of Authorized Official

Printed Name

Date

Title

County

Appendix E
PROGRAM ASSURANCE
STATEWIDE RIDESHARING/COMMUTER
ASSISTANCE PROGRAM

_____ County, Maryland hereby makes the following assurances to the Maryland Transit Administration of the Maryland Department of Transportation in conjunction with its application for state and federal financial assistance for the Ridesharing/Commuter Assistance Program.

1. The applicant has the requisite fiscal managerial and legal capability to carry out the Ridesharing/Commuter Assistance Program and to receive and disburse federal funds.
2. The applicant has and will comply with the administrative requirements which relate to the applications made to and grants received from the Maryland Department of Transportation for the Ridesharing/Commuter Assistance Program.

Signature of Authorized Official

Name (printed)

Title

Date

Appendix F

RIDESHARING PROGRAM YEARLY WORK SCHEDULE & OBJECTIVES

First Quarter: July 1 – September 30

Program Name: _____ Fiscal Year: _____

Program Cost For The Period: \$ _____

Month	New Client Applicants	Re-Applicants	Vanpools Formed	Transit Referrals	Community Employer Workshops Transportation Days
July					
August					
September					
Quarterly Objectives					

Promotional Activities: (check all utilized this quarter)

1. Newsletters _____
2. Radio _____
3. Television _____
4. Newspaper (regional) _____
5. Newspaper (local) _____
6. Yellow Pages _____
7. Press Conferences _____
8. Public Meetings _____
9. Other (explain) _____

Are you monitoring the results of your promotional activities?

Yes _____

No _____

If so, how?

General Comments: (i.e., Problems, recommendations, and innovative techniques).

Program Manager's Signature

Appendix F

RIDESHARING PROGRAM YEARLY WORK SCHEDULE & OBJECTIVES

Second Quarter: October 1 - December 31

Program Name: _____ Fiscal Year: _____

Program Cost For The Period: \$ _____

Month	New Client Applicants	Re-Applicants	Vanpools Formed	Transit Referrals	Community Employer Workshops Transportation Days
October					
November					
December					
Quarterly Objectives					

Promotional Activities: (check all utilized this quarter)

1. Newsletters _____
2. Radio _____
3. Television _____
4. Newspaper (regional) _____
5. Newspaper (local) _____
6. Yellow Pages _____
7. Press Conferences _____
8. Public Meetings _____
9. Other (explain) _____

Are you monitoring the results of your promotional activities?

Yes _____

No _____

If so, how?

General Comments: (i.e., Problems, recommendations, and innovative techniques).

Program Manager's Signature

Appendix F

RIDESHARING PROGRAM YEARLY WORK SCHEDULE & OBJECTIVES

Third Quarter: January 1 – March 31

Program Name: _____ Fiscal Year: _____

Program Cost For The Period: \$ _____

Month	New Client Applicants	Re-Applicants	Vanpools Formed	Transit Referrals	Community Employer Workshops Transportation Days
January					
February					
March					
Quarterly Objectives					

Promotional Activities: (check all utilized this quarter)

1. Newsletters _____
2. Radio _____
3. Television _____
4. Newspaper (regional) _____
5. Newspaper (local) _____
6. Yellow Pages _____
7. Press Conferences _____
8. Public Meetings _____
9. Other (explain) _____

Are you monitoring the results of your promotional activities?

Yes _____

No _____

If so, how?

General Comments: (i.e., Problems, recommendations, and innovative techniques).

Program Manager's Signature

Appendix F

RIDESHARING PROGRAM YEARLY WORK SCHEDULE & OBJECTIVES

Fourth Quarter: April 1 – June 30

Program Name: _____ Fiscal Year: _____

Program Cost For The Period: \$ _____

Month	New Client Applicants	Re-Applicants	Vanpools Formed	Transit Referrals	Community Employer Workshops Transportation Days
April					
May					
June					
Quarterly Objectives					

Promotional Activities: (check all utilized this quarter)

1. Newsletters _____
2. Radio _____
3. Television _____
4. Newspaper (regional) _____
5. Newspaper (local) _____
6. Yellow Pages _____
7. Press Conferences _____
8. Public Meetings _____
9. Other (explain) _____

Are you monitoring the results of your promotional activities?

Yes_____

No_____

If so, how?

General Comments: (i.e., Problems, recommendations, and innovative techniques).

Program Manager's Signature

Appendix G
EMPLOYER OUTREACH

COUNTY: _____

EMPLOYER: _____

DATE: _____

ATTENDING:

DESCRIPTION OF
VISIT: _____

RESULTS OF
VISIT: _____

FOLLOW
UP: _____

MARKETING OF MTA TRANSIT SERVICES AND THE COMMUTER BENEFITS PROGRAM

All Baltimore metropolitan area ridesharing programs have a task in their work programs to market (2) MTA products – MTA transit services and the TransitPlus 2000 Commuter Benefits Program.

The MTA's primary product line is transit services. MTA transit services include more than 60 regular, express and commuter bus lines, Light Rail, Metro Subway and MARC train. The MTA participates in dozens of major events throughout the year including, Orioles baseball, Ravens football, Preakness, the State Fair, Artscape and Discover Transit Week, just to name a few. In addition, the MTA operates, funds, or contracts transit service throughout Maryland.

The MTA's secondary product line includes the Commuter Benefits Program. The MTA's Commuter Benefits Program includes (2) subsidized transit benefit programs, one Federal (TEA-21) and one State (Maryland Commuter Tax Credit). Together they made sweeping changes to commuter benefits programs. Recent Federal and State tax legislation has made it possible for Commuter Choice Maryland to offer employers more commuter benefit options, which encourage employees to ride MTA Buses, Light Rail, Metro Subway, MARC trains, or qualified vanpools to work, and save money on their commute.

Dissemination of information on MTA transit services/schedules and the Commuter Benefits Program are primary tasks in your annual work program. Whenever you target employers for personal site visits or direct mail campaigns please include information on these (2) MTA product lines. **If you generate leads you are to contact _____ at 410-767- .**

Employer site visits and the establishment of ridesharing programs are the number one tasks in your annual work program. Remember that you are a ridesharing marketing representative first and foremost. You should be using employer worksite visits, multi-media advertising, special events, and oral presentations to market commuter alternative services in your jurisdiction. If you are relying on giveaway items, school poster contests and highway signs as your primary marketing tools, you are wasting time and grant funds. Develop an effective marketing plan with reachable goals and follow it throughout the year.

MTA transit schedules are available on request. Call Jeannie Fazio at 410-767-3781 or email at jfazio1@mta.maryland.gov to obtain quantities of MTA schedules.

Appendix H

MARYLAND DEPARTMENT OF TRANSPORTATION MARYLAND TRANSIT ADMINISTRATION RIDESHARING/COMMUTER ASSISTANCE PROGRAM

REQUEST FOR PAYMENT FISCAL YEAR 2017

PUBLIC BODY: Maryland

PROJECT NUMBER:

PAYMENT PERIOD: _____

PROGRAM :

PIN:

CHARGE:

PHASE:

	<u>Current Period</u>	<u>Fiscal Year to Date</u>
I. <u>OPERATING REVENUE AND EXPENSE SUMMARY</u>		
A. <u>Eligible Operating Expenses</u>		
Actual from: _____ to _____	\$ _____	\$ _____
B. <u>Net Project Cost</u>	\$ _____	\$ _____
II. <u>FINANCING OF NET PROJECT COST</u>		
<u>Total Federal Share</u> 100% Net Project Cost	\$ _____	\$ _____
III. <u>REQUEST FOR PAYMENT</u>		
Total Payment Requested	\$ _____	
(Federal)		

Submitted By: _____

Signature: _____

Title: _____

Date: _____

*****SAMPLE ONLY:** Original Request for Payment forms will be provided with Grant Agreement.

APPENDIX I

CALLS & APPLICATIONS RECEIVED AT CLIENT MEMBER PROGRAMS

MONTH _____ CLIENT SITE _____

How Applicant Heard About Service	CALLS	TOTAL	APPLICATIONS	TOTAL
Brochure/Promo Materials				
Bus/Train Schedule				
Bus/Train Sign				
Direct Mail				
Employer				
Employer Survey				
Fair/On Site Event				
Government Office				
GRH Program				
Highway Sign				
Information (411)				
Internet				
Library				
Mobile Billboard				
Newsletter				
Newspaper				
Newspaper (Local)				
Other Rideshare Program				
Post Card (COG)				
Presentation				
Radio				
Real Estate/Welcome Wagon				
Referral from Transit Organization				
Theatre Slide				
TV				
Van Sign				
Was/Is Applicant				
White Pages				
Word of Mouth				
Yellow Pages/Verizon				
Yellow Pages/Yellow Book				
Yellow Pages/Local				
Voice Mail Messages				
Other				

TOTAL

TOTAL

NEW APPS: _____

RE-APPS: _____

FOLLOW-UPS: _____

PUBLIC HEARING

Each jurisdiction that requests operating and capital assistance must hold a public hearing or have an opportunity for a public hearing. A public hearing or opportunity for a public hearing is not required for technical planning assistance projects.

I. Opportunity for a Hearing

The recipient should afford an opportunity for a public hearing on the program of projects and budget if one has not been held during development, to provide citizens a forum to present their views on the projects proposed. A notice must be published in a newspaper of general circulation informing the public that a three-week period has been established during which they can request a public hearing on the program projects. The process to request a hearing must be described in the notice.

The Applicant MUST also include a letter stating that there were no requests for a Public Hearing.

The hearing should be proposed for 30 days from the date of notice with a three-week period to submit a written request for a hearing. The hearing should be held the following week.

II. Public Hearing

The recipient should hold a public hearing on the program of projects and budget, if one has not been held during development, which provides citizens a forum to present their views on the projects proposed. A notice must be published in a newspaper of general circulation informing the public that a hearing will be held at least 30 days prior to the meeting.

III. Notice

A) A notice in the newspaper announcing the opportunity for a public hearing or the public hearing should include the following:

- Name of applicant
- Area to be served
- Program of Projects – description of service
- Budget and financing information. Project financing must state that funds are being applied for from the Maryland Transit Administration and the Federal Transit Administration.
- Time, date and place for the public hearing and instructions to request a hearing if you are publishing an opportunity for a hearing.

- B) A certified copy received from the newspaper must be submitted as a part of this application. All private operators in the service area must be mailed a separate notification of the public hearing.

Location and Record

The public hearing must be held at a place and time generally convenient for persons affected by the project. Meeting locations and materials must be accessible to persons with disabilities, including sight and hearing impaired persons. Provisions must be made at the hearing for submission of written statements, exhibits and oral statements.

A list of attendees, minutes of the public hearing, and copies of written statements must be submitted with the application.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts or other Federal financial assistance extended after the date hereof to the Recipient by the Department of Transportation under Federal Transit Programs. The person or persons whose signature appears below are authorized to sign this assurance on behalf of the Recipient.

Signature of Authorized Official

Name (printed)

Title

Date